

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Assisted Living Federation of America

ADDRESS (number and street) ▼

1650 King Street

Suite 602

☐ Check if different than previously reported. (ACC)

Alexandria

VA

22314

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00338020

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☒ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Ms. Maribeth Bersani

Signature of Treasurer

Ms. Maribeth Bersani

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Assisted Living Federation of America

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
11 / 01 / 2015 To: M M / D D / Y Y Y Y Y Y  
11 / 30 / 2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2015</span>		<span style="border: 1px solid black; padding: 2px;">595995.93</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">668650.04</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">33095.36</span>	<span style="border: 1px solid black; padding: 2px;">317264.50</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">701745.40</span>	<span style="border: 1px solid black; padding: 2px;">913260.43</span>
7. Total Disbursements (from Line 31) .....	<span style="border: 1px solid black; padding: 2px;">6503.55</span>	<span style="border: 1px solid black; padding: 2px;">218018.58</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<span style="border: 1px solid black; padding: 2px;">695241.85</span>	<span style="border: 1px solid black; padding: 2px;">695241.85</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Assisted Living Federation of America

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	1		2	0	1	5

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	1		3	0		2	0	1	5

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	31570.36	282442.00
(ii) Unitemized .....	1525.00	24822.50
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	33095.36	307264.50
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	5000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	33095.36	312264.50
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	5000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	33095.36	317264.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	33095.36	317264.50

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	503.55	58123.58
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	503.55	58123.58
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	6000.00	68000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	9895.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	9895.00
29. Other Disbursements .....	0.00	82000.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	6503.55	218018.58
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	6503.55	218018.58

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	33095.36	312264.50
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	9895.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	33095.36	302369.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	503.55	58123.58
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	503.55	58123.58

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 6 OF 13

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Assisted Living Federation of America**

Full Name (Last, First, Middle Initial)

## **A. Carlene Motto**

Mailing Address 13487 Cambridge Dr

City

Lemont

State

IL

Zip Code

60439-7340

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Belmont Village Senior Living

Occupation

Senior Living

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 02 / 2015

**Transaction ID : A306D5A88335D43DB83F**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

## **B. Kevin Donahue**

Mailing Address 4 Royce Ln

City

Westford

State

MA

Zip Code

01886-4015

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Benchmark Senior Living

Occupation

VP Financial Planning & Analysis

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

11 / 02 / 2015

**Transaction ID : A9E5D9C4CC3BB4A5F842**

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

## **C. Ms. Maribeth Bersani**

Mailing Address 320 S West St  
Apt 404

City

Alexandria

State

VA

Zip Code

22314-5943

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ALFA

Occupation

Vp Public Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1909.11

Date of Receipt

11 / 02 / 2015

**Transaction ID : ABC48572AEE0F4AEF9FA**

Amount of Each Receipt this Period

272.73

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1072.73

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 7 OF 13

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Assisted Living Federation of America**

Full Name (Last, First, Middle Initial)

## **A. Ms. Mary Dewling**

Mailing Address 56 Main St  
Ste 350

City State Zip Code  
Boxford MA 01921-2502

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Benchmark Senior Living-N/A

Occupation

VP Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

11 / 02 / 2015

**Transaction ID : A510AF02483D547E29E3**

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

## **B. James Balda**

Mailing Address 1650 King St  
Ste 602

City State Zip Code  
Alexandria VA 22314-2747

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ALFA

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4130.41

Date of Receipt

11 / 02 / 2015

**Transaction ID : AD57C8CCBC7D9495A93A**

Amount of Each Receipt this Period

217.39

Full Name (Last, First, Middle Initial)

## **C. Andy Smith**

Mailing Address 207 Jackson Blvd

City State Zip Code  
Nashville TN 37205-3332

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Brookdale Senior Living

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

11 / 03 / 2015

**Transaction ID : A2200BF5136A54E95855**

Amount of Each Receipt this Period

5000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

5517.39

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 13

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Assisted Living Federation of America**

Full Name (Last, First, Middle Initial)

**A. Mr. Christopher Belford**

Mailing Address 1421 Shady Hollow Ct

City State Zip Code  
Keller TX 76248-0260

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
Emeritus Senior Living-NA Senior VP of Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

11 / 03 / 2015

**Transaction ID : AAE1380E0049A43DF847**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Dr. Margaret Wylde**

Mailing Address 19 Country Road 168

City State Zip Code  
Oxford MS 38655-8814

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
ProMatura Group LLC President/CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

11 / 04 / 2015

**Transaction ID : A0BBBA904D803419CAD0**

Amount of Each Receipt this Period

3000.00

Full Name (Last, First, Middle Initial)

**C. Ms. Tiffany Tomasso**

Mailing Address 12834 Parapet Way

City State Zip Code  
Oak Hill VA 20171-1736

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
Kensington Senior Living, LLC-n/a Founder, Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

11 / 08 / 2015

**Transaction ID : A4A19F5C9BB2143CCA1C**

Amount of Each Receipt this Period

3000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

7000.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 9 OF 13

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Assisted Living Federation of America**

Full Name (Last, First, Middle Initial)

## **A. Mr. Mathew J. Peponis**

Mailing Address 825 10th St NW  
Apt 1179

City Washington State DC Zip Code 20001-5096

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Greenfield Senior Living

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

11 / 11 / 2015

**Transaction ID : AFEEFF3A79CC64A17B98**

Amount of Each Receipt this Period

3000.00

Full Name (Last, First, Middle Initial)

## **B. Mr. John Atkinson**

Mailing Address 8417 Arrowhead Farm Dr

City Burr Ridge State IL Zip Code 60527-0826

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Willis

Occupation  
Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

11 / 11 / 2015

**Transaction ID : AA0CE368CFB7E45ADA85**

Amount of Each Receipt this Period

3000.00

Full Name (Last, First, Middle Initial)

## **C. Mr. Michael Pokora**

Mailing Address 233 S Wacker Dr  
Ste 2000

City Chicago State IL Zip Code 60606-6400

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Willis

Occupation  
Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

11 / 11 / 2015

**Transaction ID : AB1C6CA80F75A4EC7940**

Amount of Each Receipt this Period

3000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

9000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 10 OF 13

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Assisted Living Federation of America**

Full Name (Last, First, Middle Initial)

## **A. Dale Watchowski**

Mailing Address 451 Lake Park Dr.

City

Birmingham

State

MI

Zip Code

48009-4603

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American House

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

11 / 13 / 2015

**Transaction ID : A9E57D5188D9141C595E**

Amount of Each Receipt this Period

3000.00

Full Name (Last, First, Middle Initial)

## **B. Mr. Justin Hutchens**

Mailing Address 1537 Avellino Cir

City

Murfreesboro

State

TN

Zip Code

37130-7610

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NHI

Occupation

Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

11 / 16 / 2015

**Transaction ID : A1FF76D20D74F47488B4**

Amount of Each Receipt this Period

3000.00

Full Name (Last, First, Middle Initial)

## **C. James Balda**

Mailing Address 1650 King St  
Ste 602

City

Alexandria

State

VA

Zip Code

22314-2747

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ALFA

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4565.19

Date of Receipt

11 / 18 / 2015

**Transaction ID : AC49DD4FBB26F4E268D0**

Amount of Each Receipt this Period

434.78

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

6434.78

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 13

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Assisted Living Federation of America

Full Name (Last, First, Middle Initial)

**A. Ms. Maribeth Bersani**

Mailing Address 320 S West St  
Apt 404

City State Zip Code  
Alexandria VA 22314-5943

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ALFA

Occupation

Vp Public Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2454.57

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 18 / 2015

Transaction ID : AEFE6162952854BFC8F3

Amount of Each Receipt this Period

545.46

Full Name (Last, First, Middle Initial)

**B. Judy Whitcomb**

Mailing Address 9713 Compton Dr

City State Zip Code  
Huntley IL 60142-2339

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Vi Living-Corporate

Occupation

Senior Vice President - Human Resource

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 19 / 2015

Transaction ID : AB470A33308BE486B965

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

2545.46

TOTAL This Period (last page this line number only)..... ►

31570.36

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 12 OF 13

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Assisted Living Federation of America**

Full Name (Last, First, Middle Initial)

**A. SunTrust Bank**

Mailing Address 1445 New York Ave NW

City Washington      State DC      Zip Code 20005-2134

Purpose of Disbursement  
Credit Card Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State:      District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
11 / 30 / 2015
**Transaction ID : BC0255A6BDE644146B2F**

Amount of Each Disbursement this Period

503.55

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City      State      Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State:      District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City      State      Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State:      District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

503.55

503.55

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 13 OF 13

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Assisted Living Federation of America**

Full Name (Last, First, Middle Initial)

**A. BENNET FOR COLORADO**

Mailing Address PO BOX 3078

City	State	Zip Code
Denver	CO	80201-3078

Purpose of Disbursement  
Political Contribution

Candidate Name

**Sen. Michael F. Bennet**Office Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CO District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		03		2015

**Transaction ID : B4A216C53E6504811893**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. WHITEHOUSE FOR SENATE**

Mailing Address P.O. BOX 40280

City	State	Zip Code
Providence	RI	02940-0280

Purpose of Disbursement  
Political Contribution

Candidate Name

**Sen. Sheldon Whitehouse**Office Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2018  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: RI District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		23		2015

**Transaction ID : BFEF74764CA664F54A6E**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. SENSIBLE AMERICAN SOLUTIONS SUPPORTING EVERYONE PAC**Mailing Address 332 W LEE HWY  
# 303

City	State	Zip Code
WARRENTON	VA	20186

Purpose of Disbursement  
Political Contribution

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2015  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: District: Other2015

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		03		2015

**Transaction ID : B49488663992844B8B23**

Amount of Each Disbursement this Period

1000.00
---------

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

6000.00
---------

6000.00
---------